

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-032493

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 178

Primary Registration District No.

Registrar's No.

71

FILED AUG 26 1965

VS 300  
Rev. 4/59

1 0560

2 0560

3

4 0

5 1

6

7 0

8 0

9 331X

10

11

12 86-2

13 -0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

LEWIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

DICKERSON TWSP.

Length of stay in lb

10 hrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

PRAIRIE VIEW R.H.

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY LEWIS

c. CITY OR TOWN

LEWISTOWN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

XXXXXXXXXXXXXXXXXXXX

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

JESSE

FALLUS

WILSON

## 4. DATE OF DEATH

Month

Day

Year

AUGUST

19,

1965

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5/31/78

## 9. AGE (last birthday)

87 yrs.

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTAR

## 10b. KIND OF BUSINESS OR INDUSTRY

GENERAL

## 11. BIRTHPLACE (City and state or country)

LEWIS COUNTY, MO.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

HEZIKAH WILSON

## 13b. MOTHER'S MAIDEN NAME

MARTHA WEBBER

## 14. NAME OF HUSBAND OR WIFE

DAISY GLAVES WILSON

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

XXXXXXXXXXXXXX

## 17. INFORMANT

AMRS. DAISY WILSON JEFF. CITY, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Cerebro Vascular Accident.

## INTERVAL BETWEEN ONSET AND DEATH

6 hrs -

#### DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Previous stroke - 2 months ago

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

## 20a. ACCIDENT ☐

## SUICIDE ☐

## HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

sp. wound to brain

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1 Aug 65 to 18 Aug 65 and last saw him alive on 19 Aug 65  
Death occurred at D.O.A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Opie W. Withers

## 22b. ADDRESS

Lewis town Mo

## 22c. DATE SIGNED

20 Aug 65

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

8/22/65

## 23c. NAME OF CEMETERY OR CREMATORY

LEWISTOWN CEMETERY

## 23d. LOCATION (City, town, or county)

LEWISTOWN, MISSOURI

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Charles L. Crawford

LEWISTOWN, MO.

## 25. DATE RECD. BY LOCAL REG.

8-23-65

## 26. REGISTRAR'S SIGNATURE

Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by CHARLES L. ARNOLD, JR., Student Embalmer No. #695

working under my personal supervision.

Student

Charles L. Arnold Jr.  
Signature of Student Embalmer

Signed

Charles L. Arnold Jr.

Licensed Embalmer No. #4667

P. O. Address LEWISTOWN, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in this OWN handwriting.

If this body is not embalmed, fact should be so stated above.